

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

4651

CERTIFICATE OF DEATH

REGISTRAR'S NO. 210

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <u>Yuma</u>		B. LENGTH OF STAY IN THIS TOWN <u>4 1/2</u> IN ARIZONA <u>4 1/2</u>		2. USUAL RESIDENCE, (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u>	
C. CITY OR TOWN <u>Parker</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Parker</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		D. STREET (IF RURAL, GIVE LOCATION) <u>1606 NAVAJO</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (TYPE OR PRINT) <u>Viola</u>		A. (FIRST) <u>Viola</u>		B. (MIDDLE) <u>Honor</u>		C. (LAST) <u>Marcy</u>		4. SEX <u>F</u>		5. COLOR OR RACE <u>W</u>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widow</u>	
6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH <u>1</u> DAY <u>20</u> YEAR <u>1886</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>75</u>		IF UNDER 1 YEAR MONTHS <u></u> DATE <u></u>		IF UNDER 24 HRS. HOURS <u></u> MIN. <u></u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Home wife</u>			

9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Minnesota</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO. <u>475-14-4436</u>	
14A. FATHER'S NAME <u>Ellis L. Thomas</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Penn.</u>		15A. MOTHER'S MAIDEN NAME <u>Debra Woodruff</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Indiana</u>			

16. INFORMANT'S SIGNATURE <u>Harmon C. Marcy</u>		17. DATE OF DEATH (MONTH) <u>MAY</u> (DAY) <u>11</u> (YEAR) <u>1961</u>	
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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>EMANATION & DEBILITATION</u> DUE TO (B) <u>MULTIPLE MYELOMA</u> DUE TO (C) <u></u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u>	
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-24 1957 TO 5-11 1961 THAT I LAST SAW THE DECEASED ALIVE ON 5-11 1961 AND THAT DEATH OCCURRED AT 3:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) <u>W. R. Heldoborn MD</u>		22B. ADDRESS <u>PO Box 2168 PARKER</u>		22C. DATE SIGNED <u>5-11-61</u>	
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23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <u>NATURAL CAUSE</u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
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23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>M</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
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24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE		25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
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26A. DATE REC. BY LOCAL REG. <u>5/11/61</u>		26B. REGISTRAR'S SIGNATURE <u>Robert</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Colberger</u>		27B. ADDRESS <u>Wichburg Arizona</u>	
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28A. EMBALMER'S SIGNATURE <u>H. L. Colberger</u>		28B. EMBALMER'S CERT. NO. <u>188-A</u>	
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AGE OF DEATH
7 AND 21
AL RESIDENCE
X-
PRECEDENT 3
PERSONAL DATA 175
561
203 X
CAUSE OF DEATH 0
(ITEM 18)
OPERATIONS, AUTOPSY 3
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR 76
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